

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ralph C Attanasi Jr.

Mailing Address 1887 SW 17th St

City

Boca Raton

State

FL

Zip Code

33486-8518

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 06 / 2015

Transaction ID : A2FE411271AD3442097A

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr James G Avery

Mailing Address 456 Riveredge Dr W

City

Cordova

State

TN

Zip Code

38018-7613

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2015

Transaction ID : ADED561AC081F4CC88E9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Evis Babo

Mailing Address PO Box 550467

City

Atlanta

State

GA

Zip Code

30355-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2015

Transaction ID : AC79D95978F4C4FFFB49

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00